PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/524,520			ing Date 31/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	.,,	1	N/A	,,,	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	rings exceed 100 tion size fee due ty) for each tion thereof. See to CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
AMENDMENT	04/06/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 37	Minus	<b>~</b> 46	= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	•••5	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus		=	1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1,16(h))		Minus	**	=	]	x \$ =		OR	x s =		
딦	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
TOT ADD FEE									OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is isses than the entry in column 2, write "or in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "3".  The Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" in THIS SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For" in This SPACE is less than 20.  "If the "Highest Number Previously Paid For This SPACE is less than 20.  "If the "Highest Number Previously Paid For This S											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is 16 life (and by the USPTO to process) an application. Confidentiality is governed by 38 US of .22 and 37 CFR 1.4. This collection is estimated to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.